

Please type a plus sign (+) inside this box



PTO/SB/01 (10\_00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after initial Filing (surcharge (37 CFR 1.16(e)) required)  
OR

Attorney Docket Number	SIG000114
First Named Inventor	Daniel Mulligan
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PROGRAMMABLE DRIVER FOR USE IN A MULTIPLE FUNCTION HANDHELD DEVICE**

the specification of which  
 is attached hereto

*(Title of the Invention)*

OR  
 was filed on (MM/DD/YYYY)  as United States Application Number or PCT International  
Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checkign the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications Numbers(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119 (e), 120, or 365 (c) of any U.S. or PCT application(s) listed below.

Application Numbers(s)	Filing Date (MM/DD/YYYY)	Additional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/429,941	11/29/2002	<input type="checkbox"/>

Please type a plus sign (+) inside this box

— +

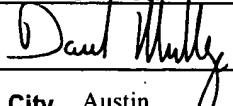
PTO/SB/01 (10\_00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION - Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	34,399	OR <input type="checkbox"/> Correspondence address below
<b>Name</b> Timothy W. Markison				
<b>Address</b> P.O. Box 160727				
<b>Address</b>				
<b>City</b> Austin		<b>State</b> TX	<b>ZIP</b> 78716-0727	
<b>Country</b> USA		<b>Telephone</b> (512) 342-0612		<b>FAX</b> (512) 342-1674
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> (first and middle [if any]) Daniel		<b>Family Name</b> or Surname Mulligan		
<b>Inventor's</b> Signature 		<b>Date</b> 11/25/03		
<b>Residence:</b> City Austin		<b>State</b> TX	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 500 Bulian Lane				
<b>Mailing Address</b>				
<b>City</b> Austin		<b>State</b> TX	<b>ZIP</b> 78746	<b>Country</b> USA
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> (first and middle [if any]) Matthew Brady		<b>Family Name</b> or Surname Henson		
<b>Inventor's</b> Signature		<b>Date</b>		
<b>Residence:</b> City Austin		<b>State</b> TX	<b>Country</b> USA	<b>Citizenship</b> US
<b>Mailing Address</b> 8405 Dusk Terrace Cove				
<b>Mailing Address</b>				
<b>City</b> Austin		<b>State</b> TX	<b>ZIP</b> 78737	<b>Country</b> USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheets(s) PTO/SB/02A attached hereto.				

2

Please type a plus sign (+) inside this box

PTO/SB/01 (10\_00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION - Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	34,399	OR <input type="checkbox"/> Correspondence address below
Name      Timothy W. Markison				
Address    P.O. Box 160727				
Address				
City      Austin			State      TX	ZIP      78716-0727
Country    USA		Telephone (512) 342-0612		FAX (512) 342-1674
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])      Daniel			Family Name or Surname      Mulligan	
Inventor's Signature				Date
Residence: City    Austin		State    TX	Country    USA	Citizenship    USA
Mailing Address      500 Bulian Lane				
Mailing Address				
City    Austin		State    TX	ZIP    78746	Country    USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])      Matthew Brady			Family Name or Surname      Henson	
Inventor's Signature <i>Mattie J. Henson</i>				Date      12-2-2003
Residence: City    Austin		State    TX	Country    USA	Citizenship    US
Mailing Address      8405 Dusk Terrace Cove				
Mailing Address				
City    Austin		State    TX	ZIP    78737	Country    USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box

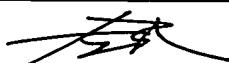
— +

PTO/SB/01 (10\_00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Fujio		Family Name or Surname Tekeda		
Inventor's Signature 		Date 11/25/03		
Residence: City Austin	State TX	Country USA	Citizenship Japan	
Mailing Address 5364 Austral Loop				
Mailing Address				
City Austin	State TX	ZIP 78739	Country USA	
<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	ZIP	Country USA	
<b>NAME OF FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	ZIP	Country	

Please type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0035  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

I hereby appoint:

- Practitioners at Customer Number  
**OR**  
 Practitioner(s) named below:

34,399

Place Customer  
Number Bar Code  
Label Here

Name	Registration Number
Timothy W. Markison	33,534
Bruce E. Garlick	36,520
James A. Harrison	40,401
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

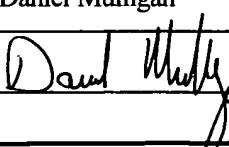
- The above-mentioned Customer Number.  
**OR**

<input type="checkbox"/> Firm or Individual Name	Timothy W. Markison				
Address	P.O. Box 160727				
Address					
City	Austin	State	TX	Zip	78716-0727
Country	USA				
Telephone	(512) 342-0612	Fax	(512) 342-1674		

I am the:

- Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71  
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Daniel Mulligan	
Signature		
Date		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

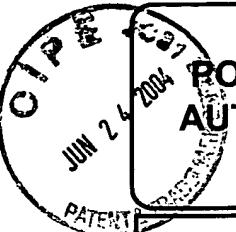
\*Total of 3 forms are submitted.

SEND TO: Assistant Commissioner for Patents,  
Washington, DC 20231

Please type a plus sign (+) inside this box 

PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Daniel Mulligan
Group Art Unit	
Examiner Name	
Attorney Docket Number	SIG000114

I hereby appoint:

 Practitioners at Customer Number

34,399

OR

 Practitioner(s) named below:
 Place Customer  
Number Bar Code  
Label Here

Name	Registration Number
Timothy W. Markison	33,534
Bruce E. Garlick	36,520
James A. Harrison	40,401
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

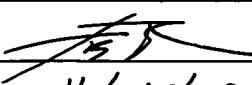
The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	Timothy W. Markison				
Address	P.O. Box 160727				
Address					
City	Austin	State	TX	Zip	78716-0727
Country	USA				
Telephone	(512) 342-0612	Fax	(512) 342-1674		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Fujio Takeda	
Signature		
Date	11/25/03	

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.



Please type a plus sign (+) inside this box  +

Approved for use through 10/31/2002, OMB 0651-0035  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Daniel Mulligan
Group Art Unit	
Examiner Name	
Attorney Docket Number	SIG000114

I hereby appoint:

Practitioners at Customer Number

34,399

Place Customer  
Number Bar Code  
Label Here

OR

Practitioner(s) named below:

Name	Registration Number
Timothy W. Markison	33,534
Bruce E. Garlick	36,520
James A. Harrison	40,401
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	Timothy W. Markison				
Address	P.O. Box 160727				
Address					
City	Austin	State	TX	Zip	78716-0727
Country	USA				
Telephone	(512) 342-0612	Fax	(512) 342-1674		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Matthew Brady Henson	
Signature		
Date	12/12/2003	

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
NOTE: Submit multiple forms if more than one signature is required, see below\*.



\*Total of

forms are submitted.

SEND TO: Assistant Commissioner for Patents,